

ECS Configuration Change Request

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CCR No. 96-0760B	Logged Date 9/5/96	Rev. B	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>		Affected Release	Change Class II
Title (description) Update Rel A CSS sybase/raid configuration baseline (Document Number: 420-TD-024-003)			
Documents Affected None		Source Nos (RID, NCR, etc.) or Tech Reference	
RTM Changed <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem CSS Sybase/raid configuration needs update due to additional data			
Proposed Solution On each of the attached diagrams the back up partition has been changed from raw device to a file system			
Impact Analysis: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">Organizations Affected:</div> <div style="width: 50%;">BOO <input type="checkbox"/></div> <div style="width: 50%;">Contracts <input type="checkbox"/></div> <div style="width: 50%;">ESO <input type="checkbox"/></div> <div style="width: 50%;">FOS <input type="checkbox"/></div> <div style="width: 50%;">M&O <input type="checkbox"/></div> <div style="width: 50%;">QA <input type="checkbox"/></div> <div style="width: 50%;">Rel. A <input checked="" type="checkbox"/></div> <div style="width: 50%;">Rel. B <input type="checkbox"/></div> <div style="width: 50%;">Rel. IR1 <input type="checkbox"/></div> <div style="width: 50%;">SCDO Supp <input type="checkbox"/></div> <div style="width: 50%;">SMO <input type="checkbox"/></div> <div style="width: 50%;">Subconts <input type="checkbox"/></div> </div> <div style="margin-top: 5px;"> Other _____ </div> <div style="margin-top: 10px;"> Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> <div style="display: flex; justify-content: space-around; font-size: small;"> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) </div> </div> <div style="margin-top: 10px;"> Schedule: None <input type="checkbox"/> Other _____ </div> <div style="margin-top: 10px;"> Additional LOC _____ Man-Months _____ </div> <div style="margin-top: 10px;"> Materials _____ </div>			
Originator <u>David Marquette</u>		Gerald Moses <u>9/5/96</u> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Signature Date </div>	
Office <u>Rel A</u>		Office Manager <u>Narayan Prasad</u> Rel A CCB Coordinator <u>9/5/96</u> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Signature Date </div>	
Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Deferred <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Comments:			
CCB Chairperson <u>Narayan Prasad</u>		<u>9/5/96</u>	

Signature

Date

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ECS